



Serving the People of California

DE 3HW ANNUAL CONTRIBUTION RETURN FOR EMPLOYER OF HOUSEHOLD WORKERS

APPROVED EXTENSION TO: _____

PLEASE TYPE ALL INFORMATION

YEAR ENDED _____ DUE _____

DELINQUENT IF
NOT POSTMARKED
OR RECEIVED BY _____

YEAR

EMPLOYER ACCOUNT NO.

NO WAGES THIS YEAR

DO NOT ALTER THIS AREA

P1 || P2 || C || P || U || S || A ||

Mo.	Day	Yr.
EFFECTIVE DATE	=	=

DETAILED INSTRUCTIONS ARE
LOCATED ON THE BACKCHECK BOX
IF:

- ☐ NO WAGES THIS YEAR
- ☐ FINAL RETURN
- ☐ REVERT TO QUARTERLY REPORTING

A. TOTAL SUBJECT WAGES PAID THIS CALENDAR YEAR

>

B. EMPLOYER'S UNEMPLOYMENT INSURANCE (UI)
CONTRIBUTIONS

(Total Employee Wages up to \$7,000 per employee per calendar year)

WAGES

(B1)

UI %

(B2)

X

=

(B3)

(multiplied by)

C. EMPLOYMENT TRAINING TAX (ETT)

(Total Employee Wages up to \$7,000 per employee per calendar year)

WAGES

(C1)

ETT %

(C2)

X

=

(C3)

(multiplied by)

D. EMPLOYEE DISABILITY INSURANCE (DI)
CONTRIBUTIONS

(Total Employee Wages up to \$31,767 per employee per calendar year)

WAGES

(D1)

DI %

(D2)

X

=

(D3)

(multiplied by)

E. CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD

>

F. TOTAL TAXES DUE (Add Items B3, C3, D3, and E)

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G. LESS VOLUNTARY DEPOSIT OF CONTRIBUTIONS DUE

>

H. BALANCE OF TOTAL TAXES DUE

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INCLUDE EMPLOYER ACCOUNT NUMBER ON YOUR CHECK. Do not staple check to return.

Make check payable to EMPLOYMENT DEVELOPMENT DEPARTMENT

Bank Number

I. BE SURE TO SIGN THIS DECLARATION: I DECLARE that the information herein is true and correct to the best of my knowledge and belief.

Signature _____ Title _____ Phone (____) _____ Date _____
(Employer, Accountant, Preparer, etc.)

INFORMATION AND INSTRUCTIONS FOR COMPLETING DE 3 HW ANNUAL CONTRIBUTION RETURN FOR EMPLOYER OF HOUSEHOLD WORKERS

ASSISTANCE IN COMPLETING THIS FORM, additional forms, and guidance regarding reportable wages or the status of subject employees, may be obtained from the nearest Employment Tax Customer Service Office (ETCSO) as listed below.

LINE A. Total Wages in Subject Employment - Enter the total of ALL UI/DI subject wages paid (refer to the Household Employer's Guide, DE 8829).

LINE B. Unemployment Insurance (UI) contributions are paid by employers on the first \$7,000 cash and non-cash wages paid to each employee during the calendar year.

Box B1: Enter total UI wages up to \$7,000 per employee.

Box B2: UI tax rate. (Example: $3.2\% = .032$)

Box B3: UI Contributions due
(Box B1 X Box B2)

Line C. Employment Training Tax (ETT) contributions are paid by employers on the first \$7,000 cash and non-cash wages paid to each employee during the calendar year.

Box C1: Enter total ETT wages up to \$7,000 per employee.

Box C2: ETT tax rate. (Example: $.1\% = .001$)

Box C3: ETT Contributions due.
(Box C1 X Box C2)

LINE D. Disability Insurance (DI) contributions are deducted from employee's pay and held by the employer until this annual contribution return is filed. The first \$31,767 cash and non-cash wages paid to each employee during the calendar year are subject to DI.

Box D1: Enter total DI wages up to \$31,767 per employee.

Box D2: DI tax rate. (Example: $1.3\% = .013$)

Box D3: DI Contributions due
(Box D1 X Box D2)

LINE E. Personal Income Tax (PIT), withheld from employee(s) wages, is used to satisfy the yearly state income tax liability of your employee(s). As an employer of household workers, you **ARE NOT REQUIRED** to withhold PIT from employee wages. However, you and your employee(s) may agree to withhold PIT.

LINE F. Enter the total of Items B3, C3, D3, and E.

LINE G. If voluntary deposits of contributions were made, please enter total of the deposit(s).

LINE H. Enter the balance of total taxes due. Subtract lines G from F.

LINE I. Please sign and date this return declaring that the information is true and correct to the best of your knowledge and belief.

EMPLOYMENT TAX CUSTOMER SERVICE OFFICES

(Addresses and telephone numbers are listed in the telephone directory under California. State of . . . Taxes. Employment Development Department)

Bakersfield	(805) 395-2896	Laguna Hills	(714) 768-6102	Pleasant Hill	(510) 977-8265	San Mateo	(415) 358-4102
Capitola	(408) 464-6293	Long Beach	(310) 428-0021	Sacramento	(916) 255-1965	Santa Monica	(310) 576-6400
Chico	(916) 895-4401	Los Angeles	(213) 669-7670	San Bernardino	(909) 383-4176	Santa Rosa	(707) 576-2094
Downey	(310) 923-1237	Modesto	(209) 576-6205	San Diego	(619) 284-8615	Stockton	(209) 956-1438
Escondido	(619) 737-2200	Monterey	(408) 649-2902	San Francisco	(415) 929-5700	Van Nuys	(818) 901-5208
Eureka	(707) 445-6522	Oakland	(510) 577-2396	San Jose	(408) 277-9400	Ventura	(805) 654-4506
Fresno	(209) 445-5132	Orange	(714) 288-2601	San Luis Obispo	(805) 549-3512	Visalia	(209) 635-3220

Out of state employers contact the Tax Office at (916) 464-1056